

PART B - FEE(S) TRANSMITTAL

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92585 7590 06/28/2010

Advanced Mirco Devices, Inc.
c/o Williams, Morgan & Amerson
10333 Richmond
Suite 1100
Houston, TX 77042

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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,037	03/26/2004	Matthew A. Purdy	2000.113500	8441

TITLE OF INVENTION: METHOD AND APPARATUS FOR PREDICTING YIELD PARAMETERS BASED ON FAULT CLASSIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	09/28/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
DUNCAN, MARC M		2113	714-032000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Williams. Morgan & 2 Amerson, P.C. 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Advanced Micro Devices, Inc.** (B) RESIDENCE: (CITY and STATE OR COUNTRY) **Austin, Texas**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Authorized Signature /Scott F. Diring/ Date September 21, 2010

Typed or printed name Scott F. Diring Registration No. 35,119

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